STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155702	A. BUILDING 01 B. WING	07/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS HEALTH CARE CENTER	1850 MATADOR ST PERU, IN46970

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/13/11 Facility Number: 003130 Provider Number: 155702 AIM Number: 200386750 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Caring Hands Health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code), and 410 IAC 16.2. The original building consisting of everything except the West Wing was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and	K0000	The following plan of correction or any corrective action set forth herein does not constitute an admission or agreement by Caring Hands Health Care Center of the facts alleged or the conclusions set forth in the statement of deficiences.The plan of correction and corrective action are prepared and executed solely as provisions of Federal and State Law. Caring Hands Health Care Center requests that this plan of correction be considered the facility's credible allegation of compliance. Completion Date: 07/30/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	spaces open to the corridors. The facility has a capacity of 87 and had a census of 75 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/19/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0047 SS=E	Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 Based on observation and interview, the facility failed to provide directional signs for 2 of 8 exit discharge means of egress. LSC 7.10.1.4 requires the access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants to make clear the direction of egress to a public way. This deficient practice could affect 41 residents on 100 hall and 4 residents observed in the dining room on service hall east as well as visitors and staff who could misinterpret which direction to go as a possible escape route out of the	K0047	I. The exit lights in question were installed on 07/22/11 by the Maintenance staff.II. All residents, staff and visitors accessing the main hall and dining area are potentially affected by the alleged deficient practice. The exit lights in question were installed on 07/22/11 by the Maintenance staff.III. The exit lights in question wer installed by Maintenance staff on 07/22/11 and an audit sheet developed to document a monthly audit of the exit lights for proper functioning. This audit will be conducted monthly by the Maintenance Supervisor or designee.IV. The	07/30/2011

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	facility during a fire emergency. Findings include: Based on observations on 07/13/11 during the tour between 12:27 p.m. to 2:45 p.m. with the Maintenance Supervisor, exit signs were not posted at the intersection where the theater is located to indicate the path of travel into 100 hall or into the service hall east which both lead to a direct exit. Based on interview on 07/13/11 concurrent with each observation, it was acknowledged by the Maintenance Supervisor the aforementioned directional exit signs should be posted to prominently display the path of travel to the 100 hall and service hall exits. 3.1-19(b)		Maintenance Supervisor or designee will audit monthly the exit lights and report findings to the QA committee monthly and on-going for any further action needed.V. Completion Date: 07/30/2011	
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).	K0000	The following plan of correction or any corrective action set forth herein does not constitute an admission or agreement by Caring Hands Health Care Center	

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	Survey Date: 07/13/11 Facility Number: 003130 Provider Number: 155702 AIM Number: 200386750 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Caring Hands Health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code), and 410 IAC 16.2. The West Wing with 27 beds was surveyed with Chapter 18, New Health Care Occupancies. This one story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 87 and had a census of 75 at the time of this survey.		of the facts alleged or the conclusions set forth in the statement of deficiences.The plan of correction and corrective action are prepared and executed solely as provisions of Federal and State Law. Caring Hands Health Care Center requests that this plan of correction be considered the facility's credible allegation of compliance. Completion Date: 07/30/2011	

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